

**MEDICAL RECORD****HISTORY-Part 2****PAST HISTORY**

**INSTRUCTIONS** - Include (1) OCCUPATION (*Civilian and military*), (2) MILITARY HISTORY (*Include geographic locations and dates*), (3) HABITS (*Alcohol, tobacco, and drugs*), (4) FAMILY HISTORY, (5) CHILDHOOD ILLNESSES, (6) ADULT ILLNESSES, (7) OPERATIONS, (8) INJURIES, and (9) DRUG SENSITIVITIES AND ALLERGIC REACTIONS.

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name -- last, first, middle; grade; rank; rate; hospital or medical facility)*

REGISTER NO.

WARD NO.

**HISTORY - Parts 2 and 3**

Medical Record

**STANDARD FORM 505** (REV. 7-91)

Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b) (10)

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### HISTORY-Part 3

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#### SYSTEM REVIEW

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**INSTRUCTIONS** - Include (1) GENERAL, (2) HEAD (*Including* (3) EYE, (4) EAR, (5) NOSE and (6) THROAT), (7) NECK, (8) RESPIRATORY, (9) CARDIOVASCULAR, (10) GASTROINTESTINAL, (11) GENITO-URINARY and (12) GYNECOLOGICAL, (13) HEMOPOIETIC, (14) LYMPHATIC, (15) MUSCULO-SKELETAL and (16) NERO-PSYCHIATRIC SYSTEMS.

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SIGNATURE OF PHYSICIAN

DATE